MH 709-MHLA Only

## MHLA-Behavioral Health Expansion Prevention Services and/or Activities

	I.	Contact/Service Information			
Time (Min):  Procedure Code: H2014 Service Modality: Individual or Group (Circle one)  Participant Name: Participant ID (PID):  [If this is a Group: Name of the group (if applicable), for example, Stress Management Group)  SERVICE RECIPIENT  Select the individual(s) receiving services. (For this Project, the MHLA box should always be checked.)  X MHLA  PREVENTION PRACTICE: General category staff is working under or to which client is served  Psychological First Aid/Skills for Psychological Recovery  Prevention - Prolonged Engagement*  Other  *Name of the curriculum, or course title provided under Prolonged Engagement:  II. Notes/Future Plans & Recommendations	Date of Service: Funding Plan: MHSA-PEI				
Procedure Code: H2014 Service Modality: Individual or Group Face-to-Face or Telephonic:  (Circle one) (Circle one)  Participant Name: Participant ID (PID):  If this is a Group: Name of the group (if applicable), for example, Stress Management Group)  SERVICE RECIPIENT  Select the individual(s) receiving services. (For this Project, the MHLA box should always be checked.)  PREVENTION PRACTICE: General category staff is working under or to which client is served  Psychological First Aid/Skills for Prevention - Prolonged Engagement*  Other  *Name of the curriculum, or course title provided under Prolonged Engagement:  II. Notes/Future Plans & Recommendations  Date  Co-Signature**  Date	Re	ndering Provider Name(s):			
Participant Name:  Participant ID (PID):				Time (Min):	
Participant Name:	Procedure Code: <u>H2014</u>		Service Modality: <u>Individual or Group</u>	Face-to-Face or Telephonic:	
SERVICE RECIPIENT   Select the individual(s) receiving services. (For this Project, the MHLA box should always be checked.)    MHLA			(Circle one)	(Circle one)	
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PREVENTION PRACTICE: General category staff is working under or to which client is served  Psychological First Aid/Skills for Prevention - Prolonged Engagement*  *Name of the curriculum, or course title provided under Prolonged Engagement:  II. Notes/Future Plans & Recommendations  Graff Signature**  Date  Co-Signature**  Date					
Psychological First Aid/Skills for   Prevention - Prolonged Engagement*   Other	X	MHLA			
Psychological First Aid/Skills for Psychological Recovery  *Name of the curriculum, or course title provided under Prolonged Engagement:    Notes/Future Plans & Recommendations	DDELVENON DD A CONCEL CO. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
*Name of the curriculum, or course title provided under Prolonged Engagement:  #Name of the curriculum, or course title provided under Prolonged Engagement:  #II. Notes/Future Plans & Recommendations  ##III. Notes/Future Plans & Recommendations  ##III. Notes/Future Plans & Date   Co-Signature**   Date   Date			CTICE: General category staff is working under or	to which client is served	
II. Notes/Future Plans & Recommendations  Staff Signature**  Date  Co-Signature**  Date			Prevention - Prolonged Engagement*	Other	
II. Notes/Future Plans & Recommendations  Staff Signature**  Date  Co-Signature**  Date					
staff Signature** Date Co-Signature** Date	*Name of the curriculum, or course title provided under Prolonged Engagement:				
staff Signature** Date Co-Signature** Date					
staff Signature** Date Co-Signature** Date	TI N. 4. /E 4 Di				
	11. Notes/Future Fians & Recommendations				
***Nust include discipline/ flue and License/Certhication/Registration Number (ii addicable)					

This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without prior written authorization of the client/authorized representative to whom it pertains unless otherwise permitted by law. Destruction of this information is required after the stated purpose of the original request is fulfilled.

**Agency Name:** 

Los Angeles County – Department of Mental Health